

(32-04877 OLD)
03-04243

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REQUEST FOR RELIEF FROM CHARGESMR TILE INC
RD 8 BOX 260
KITTTANNING PA 16201

CLAIMANT: STEPHANIE A. MRAZ

SOC. SEC. NO: 181-66-3925

EMPLOYER ACCOUNT NUMBER 03-04243		EMPLOYERS' CHARGE SECTION P.O. BOX 67504 HARRISBURG, PA 17106-7504 FAX NO. 717/772-0398				LAST DATE FOR TIMELY REQUEST 11-12-03		FOR CO USE ONLY 11-12-03					
EMPLOYEE SOC. SEC. NO. 181-66-3925		EMPLOYEE STEPHANIE A. MRAZ		DATE OF APPLICATION 10-19-03	BENEFIT YEAR ENDING DATE 10-16-04	BASE-YEAR PERIOD FROM 07-01-02 TO 06-30-03		FINANCIAL DECISION MAILING DATE 10-28-03					
SERVICE CENTER	TYPE OF CLAIM	BASE-YEAR WAGES AND CREDIT WEEKS						HIGH QTR. WAGES	YOUR PERCENT CHARGE				
		WHILE IN YOUR EMPLOY: QUARTERLY WAGES				TOTAL WAGES	CREDIT WEEKS			TOTAL OF ALL EMPLOYERS WAGES CR.WKS.			
		1-03 2,964.00	2-03 778.22	3-02 5,101.92	4-02 2,968.68	11,812.82		11,812.82	17	5,102	100		
BLOCKS FOR CO USE ONLY													
						UNEMPLOYMENT COMP. PAYABLE		DEPENDENT'S ALLOWANCE		ELIG. CODE			
SEQUENCE NUMBER 2327680						WKLY. RATE 206	X 16	MAX. WKS. 3296	= 0		MAX. ENT. 0	NO. DEP. 0	WKLY. AMT. 0

NOTE: LACK OF WORK separations **DO NOT QUALIFY** for relief. **DO NOT RETURN THIS FORM-Read and retain for your records.**

FOR SEPARATIONS OTHER THAN LACK OF WORK, FAILURE TO COMPLETE THIS COULD RESULT IN UNNECESSARY CHARGES TO YOUR UNEMPLOYMENT COMPENSATION ACCOUNT.

Section 302(a) of the PA UC Law allows you to request relief from unemployment compensation charge if an employee:

- Quit your employ without good cause attributable to the employment; or
- Was discharged from your employ for willful misconduct; or
- Was separated from your employ for reasons that involve fault on the part of the claimant; or
- Was discharged or temporarily suspended from your employ for failure to submit and/or pass a drug/alcohol test conducted pursuant to an established substance abuse policy; or
- Is still working for you in a part-time job which is continuing without material change and was separated from another base-year employer; or
- Was separated from your employ due to a cessation of business of 18 months or less caused by a disaster. A disaster is defined as a fire, flood, or other physical occurrence, beyond the employer's control, caused naturally or accidentally.

TO REQUEST RELIEF FROM CHARGES, complete the reverse side of this form (UC-44FR) as instructed below. The enclosed Employer Information Sheet is available for further guidance, and the Employer Copy (UC-44F(3)) are for your retention.

1. COMPLETE QUESTION A and then COMPLETE THE SECTION on the reverse of this form, which best describes the reason you are requesting relief from charges. If needed, use extra paper and attach to this form.
2. SIGN and DATE this form on the reverse in the space provided.
3. MAKE A COPY of the completed form for your records.
4. MAIL or FAX your request to address above.

EXHIBIT

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